

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**DESIGNATION OF TEN ATTORNEYS
FOR POWER OF ATTORNEY**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This serves as a separate paper in compliance with 37 CFR §1.32(b) indicating that the following ten patent practitioners named in the attached power of attorney are to be recognized by the Patent Office as being of record in the application to which the attached power of attorney is directed:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450;
Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565;
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025;
Paul Tsou, Reg. No. 37,956; and Kirk M. Hudson, Reg. No. 27,562.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION
SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944,
TELEPHONE (703) 836-6400.**

Respectfully submitted,

Joel S. Armstrong
Registration No. 36,430

JSA/mxm

Date: September 2, 2004

**APPLICATION FOR UNITED STATES PATENT
DECLARATION AND POWER OF ATTORNEY**

Docket No.:

63 Pcc 1144 LS
Att. C 21-LS

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD OF PROTECTING INDICATED INFORMATION AND CELLULAR STRUCTURE HAVING ITS SURFACE INFORMATION PROTECTED BY THE PROTECTING METHOD described and claimed in the specification:

Check one

- *a. attached hereto.
- b. filed on _____ as Application No. _____ and amended on _____ (if applicable).
- c. described and claimed in PCT International Application No. PCT/JP03/02376 filed on Feb. 28, 2003 and as amended under PCT Article 19/34 on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2002-077821 filed on March 20, 2002.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

[Signature]
 James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
 Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
 Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
 Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;
 Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025;
 Richard E. Rice, Reg. No. 31,560; and Paul Tsou, Reg. No. 37,956.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE,
PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	<u>Masayoshi</u>			MIWA
2	**Inventor's Signature:	<u>Masayoshi Miwa</u>	Given Name	Middle Initial	Family Name
3	**Date of Signature:	<u>August</u>	<u>23rd,</u>	<u>2004</u>	
	Residence:	<u>Nagoya-city,</u>	Month	Day	Year
			<u>Aichi-prefecture,</u>		<u>Japan</u>
	Citizenship:	<u>Japanese</u>	City	State or Province	Country
	Post Office Address: (Insert complete mailing address, including country)	<u>c/o NGK Insulators, Ltd., 2-56, Suda-cho, Mizuho-ku, Nagoya-city, Aichi-prefecture, 467-8530 Japan</u>			

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

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1	Typewritten Full Name of Second Joint Inventor (if any)	Masayasu	Middle Initial	ISHIKAWA
2	**Inventor's Signature:			
3	**Date of Signature:	August	23rd,	2004
Residence:		Nagoya-city,	Aichi-prefecture,	Japan
Citizenship:		Japanese		
Post Office Address: (Insert complete mailing address, including country)		c/o NGK Insulators, Ltd., 2-56, Suda-cho, Mizuho-ku, Nagoya-city, Aichi-prefecture, 467-8530 Japan		
1	Typewritten Full Name of Third Joint Inventor (if any)	Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			
3	**Date of Signature:	Month	Day	Year
Residence:		City	State or Province	Country
Citizenship:				
Post Office Address: (Insert complete mailing address, including country)				
1	Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			
3	**Date of Signature:	Month	Day	Year
Residence:		City	State or Province	Country
Citizenship:				
Post Office Address: (Insert complete mailing address, including country)				
1	Typewritten Full Name of Fifth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			
3	**Date of Signature:	Month	Day	Year
Residence:		City	State or Province	Country
Citizenship:				
Post Office Address: (Insert complete mailing address, including country)				

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.